



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: CENTRAL INDIANA AMG SPECIALTY HOSPITAL LLC

City of Hospital: Muncie

Year Begin: 01/01/2016 (mm/dd/yyyy format)

Year End: 12/31/2016 (mm/dd/yyyy format)

Person Completing the Report: Jessica Mcgee

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Medicare Provider Number: 152025

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$35203924
Outpatient Patient Service Revenue	\$0
Total Gross Patient Service Revenue	\$35203924

2. Deductions From Revenue

Contractual Allowance	\$19628911
Other Deductions	\$49625
Total Deductions	\$19678536

3. Total Operating Revenue

Net Patient Service Revenue	\$15525388
Other Operating Revenue	\$238047
Total Operating Revenue	\$15763435

4. Operating Expenses

Salaries and Wages	\$6876661	Employee Benefits	\$309806
Depreciation and Amortization	\$422230	Interest Expense	\$113068
Bad Debt	\$0	Other Expenses	\$7971080
Total Operating Expenses	\$15692845		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$70590	Total Assets	\$5586868
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$3818976

Total Net Gains	\$70590
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$26567640	\$14534451	\$12033189
Medicaid	\$0	\$0	\$0
Other Government	\$1692941	\$974935	\$718006
Other State	\$1934506	\$1190290	\$744216
Other Payers	\$5008837	\$2929235	\$2079602
Total	\$35203924	\$19628911	\$15575013

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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